

**RFP-11-8**  
**Question/Inquiry Responses**  
**August 25, 2010**

Q1. What fees are being paid to the current D&E provider for the various D&E components?

A1. See Q8 and A8.

Q2. Who is the current Vendor?

A2. Interdisciplinary Diagnostic and Evaluation Center  
303 Lake Ave. Suite 7  
Fort Wayne, IN 46805

Q3. What is the current or past RFP contract number?

A3. RFS-6-72.

Q4. How long has Interdisciplinary Diagnostic and Evaluation Center held this contract? Can we get a copy of the current contract?

A4. The State created a single vendor with the 1/2007 contract. It has been a 4 year contract from 1/2007 through 12/2010. Prior to this 4 year contract, this vendor was one of six vendors providing D&E services since 1987. A copy of the current agreement has been posted to the website; please note this is an agreement with the Bureau of Developmental Disabilities Services only and not VR. In this RFP, the State is seeking a single source for the diagnostic and evaluation/testing activities of BDDS and VRS .

Q5. What is the required completion time for the Evaluations and reports to be submitted?

A5. See the RFP pages 19 and 20, section 2.4.2 a. 1, 2, 3, 4, 5, 6, 7.

Q6. What was the total amount paid in 2009 to the Current Vendor and/or Interdisciplinary Diagnostic and Evaluation Center for this contract/service?

A6. Amount paid by the state line funds from 1/09 through 12/09 = \$843,342.74

Q7. What was the total amount paid in 2010 to the Current Vendor and/or Interdisciplinary Diagnostic and Evaluation Center for this contract/service?

A7. Amount paid by the state line funds from 1/10 through 5/10 = \$108,327.46. While the Division of Disability and Rehabilitative Services was reviewing their processes, there was a decrease in the number of referrals from 12/09 through 6/30/10.

Q8. What is the 2009 and 2010 contracted rate with the current vendor for the following services and how many evaluations were completed for each service in 2009?

- a. Emergency Residential BDDS \$350.30 (CA + FA)
- b. Initial Residential BDDS \$350.30 (CA + FA)
- c. Update Residential -----
- d. Psychological Evaluation Categories VRS (see o. below)
- e. OBRA Pre-Admission Screening (PAS) Level II BDDS \$369.70 (Medicaid rate)
- f. OBRA Resident Review – Significant Change BDDS 369.70 (Medicaid rate)
- g. OBRA Resident Review – Missed Level II: BDDS 369.70 (Medicaid rate)
- h. Case Analysis BDDS (CA) 253.80
- i. Functional Assessment (FA) BDDS 96.50
- j. Developmental Assessment (DA) BDDS 155.00
- k. Psychological Assessment (Psy) BDDS 195.90
- l. General Medical Assessment BDDS 90.00
- m. Review of Psychological Collateral (Pys Review) BDDS 100.00
- n. Residential BDDS \$350.30 (CA + FA)
- o. Psychological Evaluation Categories I, II, III, IV

A8. See above for reimbursement rates

By evaluation component

Residential Evaluations Completed			
Statewide	Component	2009	<u>1/10 through 6/10</u>
	RA	0	2
	CA	2929	819
	FA	2049	630
	DA	215	7
	Psy	2118	414
	<u>Psy Review</u>	<u>1</u>	<u>1</u>
Totals		7312	1873

Q9. We are not the current vendor and have personnel who can perform Diagnostic and Evaluation Services, but not enough personnel to cover the State. Is it the State's expectation that the proposals will have resumes/licenses of its staff to cover the entire State by the submission date of the proposal or will the State allow a new vendor time to recruit new staff and recruit/hire any staff from the current vendor and not penalize any proposals that do not have their entire team assembled by the Submission date?

A9. The State will allow for the new vendor to recruit and hire staff during the transition period. However, the expectation is that the vendor will be ready to serve the State when the contract begins.

Q10. Is there a minimum number of staff and resumes that the vendor must include in its proposal?

A10. You should include at least one (1) staff member with the required information as stated in the proposal.

Q11. At the bidders conference it was stated that there are currently two States Agencies who are purchasing/contracting Diagnostic & Evaluation Services. What two State Agencies was this referencing?

A11. Both agencies are within the Family and Social Services Administration, Division of Disability and Rehabilitative Services. They are the Bureau of Developmental Disabilities Services and the Bureau of Rehabilitation Services/Vocational Rehabilitation Services.

Q12. At the bidders conference it was stated that Voc. Rehab has Consultants around the State that provide Diagnostic and Evaluation Services. Please clarify or confirm. If so, which State agency would this be under?

A12. Vocational Rehabilitation does not have a current contract with a specific agency for Diagnostic and Evaluation Services. VR Counselors can authorize for these services to local evaluators and physicians in the area that they serve.

Q13. The RFP states there will be around 8000 evaluations requested annually. Would you provide an estimate of the makeup of those referrals? How many VRS, OBRA, etc. and if possible by region? Or alternatively, could you give such a breakdown for calendar year 2009?

A13. See Q28 and A28.

Q14. What does the term "baseline contract" mean?

A14. Baseline contract is the baseline figure (or available budget) for each year of the RFP. Refer to Section Three of the RFP for baseline information and scoring method.

Q15. Is a medical sign off required for OBRA reports?

A15. A Registered Nurse is required for sign off of the OBRA reports.

Q16. Is a master's degree required for IQ testing for a D & E psychological eval?

A16. A Master's degree in the area of psychology is required to perform the evaluations OR a Master's degreed clinician is required to supervise the bachelor degreed assessor.

Q17. Is the State going to continue to use the DDP?

A17. Currently, yes.

Q18. Is there a requirement for satellite offices?

A18. No. The vendor can decide if that would be the most advantageous business operations.

Q19. Under the VRS testing guidelines, there are no categories to address vocational interests or attentional problems (ADHD), yet there are tests on the required list for these 2 important areas. How will VRS counselors request such work?

A19. VR Counselors will specify what tests they need performed on a referral form and on the authorization for services.

Q20. Regarding MBE or WBE, is it sufficient that a clinician has applied for certification and that certification is pending to meet the 8% guideline? Or is certification required prior to the proposal submission?

A20. Only MBE or WBE companies currently certified at the time of proposal submission will satisfy the MWBE requirements.

Q21. Is it required that a bidder be incorporated to bid on the RFP?

A21. A respondent is not required to be incorporated to submit a proposal, but is expected to satisfy the business requirements of the RFP as the prime vendor. If a respondent is incorporated, the registration requirements with the Secretary of State apply.

Q22. What are their current billing rates?

A22. See Q8.

Q23. What are the state's expectations for transition between the current vendor and the awarded bidder?

A23. The current BDDS contract does provide for the current vendor to assist in the transition to a new vendor. There is no current single vendor for VRS evaluations, so this will need to be handled differently, per VRS.

Q24. Please describe the process by which individuals are referred for Diagnostic & Evaluation Services.

A24. In the Bureau of Developmental Disabilities Services district offices, one or more service coordinators authorize specific components for the vendor to perform. As stated

within the RFP, the components are to be used in conjunction with collateral information to determine eligibility for developmental disabilities services. The current vendor has created a web tool to facilitate the receipt of the authorizations at regional offices.

Q25. What documentation must be processed prior to individuals being seen for D & E?

A25. The service coordinator authorizing the services will have made efforts to gather collateral from doctors, schools and other sources, as available. When the collateral is not received, or not available, then whatever is available will be forwarded to the vendor for review prior to the evaluations being conducted.

Q26. Currently what criteria are used for eligibility determination for both DDRS and VRS services?

A26. For the Bureau of Developmental Disabilities Services, the eligibility is a dual track at this time. <http://www.in.gov/legislative/ic/code/title12/ar11/ch2.1.html> The eligibility criteria is contained within the **IC 12-7-2-61**. The BDDS eligibility policy and guidelines will be provided to the selected vendor. Training will be provided to the vendor during the transition period.

B26. **VRS**: An assessment for determining eligibility must result in:

- (A) Determination by a qualified professional that the individual has physical or mental impairment; and
- (B) Determination by a qualified professional that the physical or mental impairment constitutes or results for the individual in a substantial impediment to employment; and
- (C) Determination by a qualified Vocational Rehabilitation Counselor employed by the Vocational Rehabilitation Program that the individual requires vocational rehabilitation services to prepare for, enter or reenter, or maintain employment of the individual's informed choice, consistent with his or her vocational strengths, resources, priorities, concerns, abilities, capabilities, and career interests; and
- (D) A presumption that the individual can benefit in terms of an employment outcome from the provision of vocational rehabilitation services.

Q27. Currently, what is the accepted process for determining whether an individual is eligible for DDRS and VRS services?

A27. For the Bureau of Developmental Disabilities Services, the accepted process for determining whether an individual is eligible is 1) application completed by the individual or the guardian/family member, 2) collection of collateral information, 3) referral to diagnostic and evaluation vendor, if necessary, and 4) review of all the information to determine if the individual meets the eligibility criteria.

B27. **VRS**: See answer to Q26

Q28. How many individuals were seen in D & E services per year/per region for the past three (3) years? **See below.** Of these, what was the percentage of ineligible determinations? **No data available.** Is there other demographic information available regarding the delivery of these services for this time period that can be made available to bidders? **No**

**A28. Residential Individuals seen and D&Es completed**

District	2007	2008	2009	<u>1/10 through 6/10</u>
1	170	262	238	120
2	267	704	560	177
3	178	354	272	121
4	234	384	388	52
5	319	652	729	148
6	179	256	282	120
7	265	361	392	112
8	159	314	376	83
Total	1771	3287	3237	<b>933</b>

**OBRA Evaluations Completed – (includes PAS and Yearly Resident Reviews)**

	2007	2008	2009
Region A (Districts 1, 2, 3)	553	595	610
Region B (Districts 5, 6)	650	537	505
Region C (Districts 4, 7, 8)	377	387	429
Total	1580	1519	1544

**For the Pre Admission Screenings (PAS)**

(Yearly Resident Reviews will be discontinued in the new contract)

	2009	<u>1/10 through 6/10</u>
Region A (Districts 1, 2, 3)	210	128
Region B (Districts 5, 6)	146	81
Region C (Districts 4, 7, 8)	<u>167</u>	<u>111</u>
	523	<b>320</b>

Q29. May a representative sample of resumes of dedicated team members be provided with proposal?

**A29. All resumes for the dedicated team members should be provided with the proposal.**

Q30. Which services will be invoiced to Medicaid and which to the state under this RFP?

**A30. For the evaluations authorized by the Bureau of Developmental Disabilities, if the individual is eligible for Medicaid, then generally the evaluations will be submitted for reimbursement/payment from Medicaid. If there is a denial of payment due to ineligibility of Medicaid, then the state funds will be available for the vendor to submit for payment.**

Q31. What is the rate of Medicaid reimbursement for these services? What is the rate for reimbursement funded under this RFP?

A31. The current Medicaid rate of reimbursement for  
Case Analysis and Developmental Disability Profile is \$369.70.  
Psychological Evaluation is \$203.07.

For the reimbursement rates under this RFP, see Q8 and A8.

Q32. Should costs be based on 8000 referrals? If not, what is the minimum amount of guaranteed referrals annually?

A32. Yes. 2000 referrals from BDDS, 6000 from VRS

Q33. Is the amount of days by each category the allotted time for each service?

A33. See Q5 and A5 above.

Q34. What is the state's expectation for the D & E Team's role in service planning? Would this entail initial plan development (e.g., 30 day) as part of transition to regional case management of services?

A34. The D&E team's role in service planning and development is to make recommendations to the Individual Support Team via the components authorized.

Q35. What is the process for dual referrals, i.e., referrals for both DDRS and VRS services?

A35. VRS and BDDS are to consult with each other when diagnostics are needed for the respective entity. The needed diagnostics may be in the other office. The vendor would also be a gatekeeper of sorts, with the capacity to review the activity related to the referred individual and determine if and when any evaluations have already been completed. The vendor will contact the authorizer of the existence of the specific components to determine if those evaluations will be usable for the intended purpose of the referral.

Q36. Can DDRS and VRS service plan sample templates be made available to bidders?

A36. A service plan is not a specific requirement of the vendor. The vendor will make recommendations via the diagnostic components to the Individual Support Team (IST). The IST will then consider those recommendations as well as those suggested by the team in its development of the service plan.

Q37. Would the following professional disciplines qualify under Human Development:

- a. Nursing;
- b. Physical Therapy;
- c. Occupational Therapy;
- d. Speech & Language Pathology; and
- e. Early Intervention?

Are there other specific professional disciplines that would meet this qualification?

A37. From the RFP - pages 19 -20 the **Qualifications of assessor** for many of the components states “A professional who has at least a bachelor’s degree in a professional discipline (i.e. special education, human development, psychology, behavioral management or rehabilitation).” The above list qualifies as a professional discipline within the Human Development, as well as an educator for individuals with developmental disabilities. One resource as a guide of a Human Development profession is the definition for a Qualified Mental Retardation Professional, as contained within the Title 42: Public Health; Part 483 Requirements for Statute and Long Term Care Facilities; 483.430 Facility Staffing a. and b.

Q38. What percentage of individuals has required Interpreter Services for conduct of D & E Services per year for the past three (3) years?

A38. 0% has required payment for interpreter services. There have been instances when other informal arrangements have been made for language interpretation.

Q39. What is the rate and process of reimbursement for these services?

A39. For Interpretation services, \$50 per hour.

B39. VRS: (Current Process) Rates vary among the individual local evaluators. The VR Counselor sends an authorization for the testing to the evaluator. When the testing has been completed, the evaluator sends a bill for the service rendered to the VR Counselor. The VR office processes the bill and sends the invoice/claim to FSSA Claims Management. Upon FSSA approval, the invoice/claim is sent to the State of Indiana Auditor’s office and the payment is issued to the evaluator.

Q40. How much money did it cost the state to operate this program in each of the last 3 years?

A40. For BDDS State Funds	2007	2008	2009
	\$373,404.25	\$832,034.57	\$843,342.74

The total amount of Medicaid reimbursement (OBRA and community referrals)

	2007	2008	2009
Percentage of total income	59%	77%	56%



Q41. Are there privacy concerns the consultant should be aware of?

A41. All activities related to the Diagnostic and Evaluation Services are under the Health Insurance Portability and Accountability Act (HIPAA). Safeguards, policies and strict implementation of the confidential information is critical in the operation of the D&E vendor.

Q42. Approximately how many patients used these services in each of the last 3 years?

A42. See Q13 and A13 and Q28 and A28. There are no 'patients' within the D&E process. These are individuals who are requesting services. They are known as individuals (preferred) or persons, or consumers or customers.